

Extended School Year Services—IEP Attachment

Student Name: _____

The IEP team for the above-named student has determined that he/she is eligible for extended school year services because the student would not receive a free appropriate public education without these services.

This decision is based on the following data:

GOALS/SKILLS from current IEP that will be reinforced/maintained during extended school year period.

1. _____
2. _____
3. _____

SERVICES

Type	Location	Hours, days, weeks	Who will provide services	

Parent Prior Notice for Free Appropriate Public Education

The IEP team proposes to implement this extended school year program, based on the student's needs. You have received and have protection under the Procedural Safeguards, a copy of which was sent to you upon the student's referral for evaluation. You may request another copy of the Procedural Safeguards from the special education teacher at any time. If you have any questions regarding this notice or the Procedural Safeguards, contact the principal or the special education teacher at the student's school. Your signature below signifies receipt of a copy of this IEP attachment.

Parents are provided with copy of this IEP attachment.